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CONFIRMATION NO. 5641

SERIAL NUMBER 10/753,205	FILING OR 371(c) DATE 01/06/2004 RULE	CLASS 607	GROUP ART UNIT 3762	ATTORNEY DOCKET NO. 31685-704.503	
APPLICANTS Daniel John DiLorenzo, Ft. Washington, MD; ** CONTINUING DATA ***** This appln claims benefit of 60/438,286 01/06/2003 ** FOREIGN APPLICATIONS ***** IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 08/06/2004					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u>SE</u> Examiner's Signature Initials		STATE OR COUNTRY MD	SHEETS DRAWING 42	TOTAL CLAIMS 23	INDEPENDENT CLAIMS 6
ADDRESS 21971					
TITLE Apparatus and method for closed-loop intracranial stimulation for optimal control of neurological disease					
FILING FEE RECEIVED 1006	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		